

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 9/955657 FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		4/8/05		9-6-05	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			61	/	/	/
2	/	/	/			62	/	/	/
3	/	/	/			63	/	/	/
4	/	/	/			64	/	/	/
5	/	/	/			65	/	/	/
6	/	/	/			66	/	/	/
7	/	/	/			67	/	/	/
8	/	/	/			68	/	/	/
9	/	/	/			69	/	/	/
10	/	/	/			70	/	/	/
11	/	/	/			71	/	/	/
12	/	/	/			72	/	/	/
13	/	/	/			73	/	/	/
14	/	/	/			74	/	/	/
15	/	/	/			75	/	/	/
16	/	/	/			76	/	/	/
17	/	/	/			77	/	/	/
18	/	/	/			78	/	/	/
19	/	/	/			79	/	/	/
20	/	/	/			80	/	/	/
21	/	/	/			81	/	/	/
22	/	/	/			82	/	/	/
23	/	/	/			83	/	/	/
24	/	/	/			84	/	/	/
25	/	/	/			85	/	/	/
26	/	/	/			86	/	/	/
27	/	/	/			87	/	/	/
28	/	/	/			88	/	/	/
29	/	/	/			89	/	/	/
30	/	/	/			90	/	/	/
31	/	/	/			91	/	/	/
32	/	/	/			92	/	/	/
33	/	/	/			93	/	/	/
34	/	/	/			94	/	/	/
35	/	/	/			95	/	/	/
36	/	/	/			96	/	/	/
37	/	/	/			97	/	/	/
38	/	/	/			98	/	/	/
39	/	/	/			99	/	/	/
40	/	/	/			100	/	/	/
41	/	/	/						
42	/	/	/						
43	/	/	/						
44	/	/	/						
45	/	/	/						
46	/	/	/						
47	/	/	/						
48	/	/	/						
49	/	/	/						
50	/	/	/						
TOTAL IND.	5	5	5			TOTAL IND.	5	6	
TOTAL DEP.	20	20	20			TOTAL DEP.	20	19	
TOTAL CLAIMS	25	25	25			TOTAL CLAIMS	25	25	